

rose in 1951 to nearly 49,000,000. In 1938 the number of vehicles licensed was 3,052,000, which rose to 4,296,000 in 1951. During the same period the quantity of motor fuel consumed rose by 27%. The toll of the road was indeed heavy. All road users should be grateful for the efforts to secure their safety.

Lord LUCAS OF CHILWORTH said that until the Government treated this matter seriously and until the public conscience demanded action from the Government the House should go on debating it. The death roll in the railway tragedy at Harrow only equalled one week's toll on the roads. The loss of life at Lynmouth only equalled two days' toll on the roads. Last year 5,250 people were killed on the roads and 52,369 were seriously injured. Yet he believed that the question of road accidents had never been thought of sufficient importance to appear on a Cabinet agenda. Over 80% of the accidents happened in built-up areas. Congestion, not speed, was the greatest factor in accidents in such areas.

Lord LLEWELLIN said he did not think the Government could solve the problem. In the last 50 years there have been 7,000,000 road casualties in accidents involving injury or death. The deaths per million of the population in 1935 were 143, in 1938 were 144, and last year went down to 107. The number of children killed per million of population were 27 in 1935, 24 in 1938, and 19 in 1951. The main danger area was from the age of 5 or 6 up to 15. When he got above 55 the citizen passed into another vulnerable area. The percentage of population over that age was now 21% compared with 17% 20 years ago. Because of additional births just after the war there were at present 1,000,000 extra children under 15 years of age and a large number in the vital 5 to 6 years age group where the most accidents occurred.

Menace of Alcohol

Lord STRABOLGI said that drinking by many motorists was a fruitful cause of accidents. The Saturday night period was the most dangerous of all. A special study of motor vehicle accidents in the United States during 1942 showed that in one out of every five deaths the driver or the pedestrian had been drinking and that one out of every nine drivers and one out of every six pedestrians involved in fatal accidents had been drinking. When new legislation to control road traffic is introduced he hoped it would be made an offence to drink at all during or before a motor-car journey. The number of fatal accidents in Sweden had declined sharply since a law was introduced making it a criminal offence for the driver of a motor vehicle to take any alcohol at all.

Lord LEATHERS, replying for the Government, said the debate had been most helpful. Altogether £3,000,000 would be spent this year and next in improving the black spots on the roads. A wide range of propaganda and publicity was being continued to bring home to all their individual responsibility on the roads. Whereas in 1938 deaths on the roads numbered 6,648 the number last year was down to 5,250, a reduction of over 20%, although the population had risen by over 3,000,000 and the number of road vehicles had increased by 50%. He would study the remarks which had been made about drink as it affected safety on the roads. Some people showed the effects of a small amount of drink quickly and acutely. There was no easy footrule by which to measure the effect of alcohol in this connexion.

Lord HAMPTON, in an addendum to his own speech, said that road casualties in 1951 were reduced by 7% as compared with 1938, while deaths were down by 21%.

Criminal Responsibility.—The Home Secretary will not recommend the appointment of a Royal Commission to consider changes in the law relating to the criminal responsibility of persons of unsound mind. The Royal Commission on Capital Punishment, appointed in 1949, had been examining these problems and would doubtless include observations on them in its report, which should be available within the next few months.

Shortage of Dentists.—Asked how far the number of dentists at present available falls short of requirements to provide a satis-

factory dental service, Mr. MACLEOD replied that on the estimates made by the Teviot Committee the shortage may be of the order of 9,000.

Attested Cattle.—Of the cattle in Great Britain 37% are attested.

Experiments on Animals.—The total number of experiments performed in 1951 on living animals was 1,919,424. Of these, 1,665,120 experiments not involving any procedure more severe than simple inoculation or superficial venesection were performed without anaesthetics. Cats, dogs, horses, asses, or mules were used in 10,262 experiments.

Atomic Burns.—No paste is available to protect the face and eyes from flash burns from atomic explosion, but simple methods of screening the faces and hands of those who may have to be out of doors are under investigation.

The Services

The name of Acting Interim Surgeon Lieutenant-Commander J. S. Ritchie, R.N., H.M.S. *Morecambe Bay*, appears in a list of those mentioned in dispatches for distinguished service in operations in Korean waters.

The name of Colonel G. Anderton, O.B.E., late R.A.M.C., appears in a list of those who have been mentioned in dispatches in recognition of gallant and distinguished services in Korea during the period January 1 to June 30, 1952.

Captain R. Barnes, R.A.A.M.C., has been appointed M.B.E. (Military Division) in recognition of gallant and distinguished services in Korea.

Vital Statistics

Unusual Outbreak at Bath

For the following account of an outbreak of infectious disease at Bath we are indebted to Dr. H. Campbell, Superintendent of Bath Isolation Hospital, and Dr. L. F. McWilliams, Deputy Medical Officer of Health, Bath County Borough.

Since September 10 there have been admitted from the administrative area of the Bath County Borough to the Isolation Hospital 17 cases in which clinical examination and cerebrospinal-fluid investigation suggested a diagnosis of poliomyelitis (non-paralytic). (Ten additional cases from the Bath Clinical Area during the same period showed the classical symptoms and signs of poliomyelitis; all showed a pleocytosis and increased protein content of the C.S.F. and associated weakness or paresis of one or more groups of muscles.)

The first case in the city outbreak was a man aged 33 years. For two days before admission there had been slight diarrhoea, and then intense frontal headache, severe photophobia, and vomiting occurred. Temperature was 101° F. (38.3° C.) on admission. No abnormal clinical signs were elicited apart from some neck stiffness. Lumbar puncture showed the C.S.F. under raised pressure. Cell count was normal, but the protein was 60 mg. per 100 ml. Headache and photophobia persisted for two days, and thereafter he made a rapid recovery without complications.

His son was admitted two days later with a similar illness, although the headache and photophobia were less severe. The C.S.F. showed slight lymphocytic pleocytosis and raised protein content. Another contact, a man aged 19 years, was admitted three days after the boy, with headache, photophobia, and vomiting. The C.S.F. findings were a definite lymphocytic pleocytosis and raised protein. Further cases with essentially the same clinical picture, the same C.S.F. findings, and the same rapid recovery occurred. Stools and sera have been sent to the Virus Laboratory and results are awaited.

The early cases came from three family groups who had all been in contact with one another and lived in the same area of the city. On investigating the home contacts in these cases, it came to light that most other members of the households involved had recently suffered from headache and vomiting to a lesser degree. Moreover, several other

ROYAL EYE HOSPITAL, St. George's Circus, Southwark, London, S.E.—8 p.m., clinical society meeting. "Principles of Coriisone Therapy in Ocular Disease," by Dr. Norman Ashton.

Thursday, October 30

BRITISH POSTGRADUATE MEDICAL FEDERATION.—At London School of Hygiene and Tropical Medicine, Keppel Street, W.C., 5.30 p.m., "Biophysical Studies of Connective Tissue," by Professor J. T. Randall, D.Sc., F.R.S.

HONYMAN GILLESPIE LECTURE.—At University New Buildings (Anatomy Theatre), Teviot Place, Edinburgh, 5 p.m., "The Clinical and Cytological Investigation of Pleural Effusion," by Dr. R. F. Robertson.

●INSTITUTE OF DERMATOLOGY.—Lisle Street, Leicester Square, London, W.C.—5.30 p.m., "Mycology—Tinea Infections," (2) by Dr. R. W. Riddell.

OXFORD UNIVERSITY.—At Nuffield Orthopaedic Centre, Wingfield-Morris Orthopaedic Hospital, Oxford, 8.30 p.m., "The Significance of the Anatomical Findings in Open Operations in Congenital Dislocation of the Hip," by Sir Harry Platt (University of Manchester).

RENAL ASSOCIATION.—At Ciba Foundation, 41, Portland Place, London, W., 4.30 p.m., 11th general meeting.

ROYAL ARMY MEDICAL COLLEGE.—At Lecture Theatre, John Islip Street, London, S.W., 5 p.m., "Korean Experiences" (with lantern slides and films), by Major J. A. Adam, R.A.M.C.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, Lincoln's Inn Fields, London, W.C.—5 p.m., "William Cheselden—and the Separation of the Barbers from the Surgeons," Thomas Vicary Lecture by Mr. V. Zachary Cope.

ROYAL EYE HOSPITAL, St. George's Circus, Southwark, London, S.E.—5.30 p.m., "Differential Diagnosis of Proptosis," by Miss M. Savory.

ST. ANDREWS UNIVERSITY.—At Lecture Theatre, Materia Medica Department, Medical School, Small's Wynd, Dundee, 5 p.m., "Some Problems of Gastric Secretion of Hydrochloric Acid," by Dr. W. I. Card.

●WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—At South Kensington Hotel, 41, Queen's Gate Terrace, S.W., 7.30 for 7.45 p.m., dinner meeting and Presidential Address. "Some Cardiological Misconceptions."

Friday, October 31

●INSTITUTE OF DERMATOLOGY, Lisle Street, Leicester Square, London, W.C.—5.30 p.m., "Scleroderma and Dermatomyositis," clinical demonstration by Dr. E. J. Moynahan.

INSTITUTE OF LARYNGOLOGY AND OTOLGY, 330, Gray's Inn Road, London, W.C.—4.30 p.m., "Nasopharyngeal Tumours," by Mr. G. H. Howells.

INSTITUTE OF NEUROLOGY, National Hospital, Queen Square, London, W.C.—5 p.m., "Normal and Pathological Physiology of the Cerebrospinal Fluid Circulation," Guest Lecture by Professor G. Schaltenbrand (Würzburg).

●INSTITUTE OF OBSTETRICS AND GYNAECOLOGY.—At Hammersmith Hospital, Ducane Road, London, W., 3 p.m., "The Thyroid in Pregnancy," Guest Lecture by Dr. Russell Fraser.

MEDICAL SOCIETY FOR THE STUDY OF VENEREAL DISEASES, 11, Chandos Street, London, W.—7.30 p.m., general meeting. "The Clinical Aspects of Bejel," by Dr. G. W. Czönka. Discussion to follow.

ROYAL EYE HOSPITAL, St. George's Circus, Southwark, London, S.E.—5.30 p.m., "The Physiology of Lacrimal Secretion," by Dr. C. A. Keele.

ROYAL INSTITUTE OF PHILOSOPHY.—At University Hall, 14, Gordon Square, London, W.C., 5.15 p.m., "Mind and Its Place in Nature, Manson Lecture by Dr. Macdonald Critchley.

ROYAL MEDICAL SOCIETY, 7, Me'bourne Place, Edinburgh.—8 p.m., "Suicide," by Dr. A. Stevenson.

Saturday, November 1

MIDLAND TUBERCULOSIS SOCIETY.—At Chest Clinic, 151, Great Charles Street, Birmingham, "Radiological Aspects of Congenital Heart Disease," by Dr. Peter Kerley.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Happel.—On October 12, 1952, at the Royal Hampshire County Hospital, to Margaret, wife of Dr. John S. Happel, of Ropley, Han's, a daughter—Alison Jean.

Paul.—On October 15, 1952, at the Elizabeth Garrett Anderson Hospital (Hampstead Branch), London, N.W., to Joyce, wife of Dr. Jack Paul, a daughter.

Teasdale.—On October 17, 1952, at the Weir Maternity Hospital, Balham, London, S.W., to Elizabeth (formerly Edwards), wife of Derek H. Teasdale, F.R.C.S., of Wimbledon, London, S.W., a son.

MARRIAGES

Rooney—Brown.—On October 9, 1952, at St. Mary's Church, Hartlepool, Gerard I. Rooney, M.B., Ch.B., to Dora Brown, S.R.N., S.C.M.

DEATHS

Clayton.—On October 4, 1952, at Byron Bay, New South Wales, Australia, Cyril James Weston Clayton, M.R.C.S., L.R.C.P., aged 64.

Graves.—On October 9, 1952, William Ernest Graves, L.R.C.P.&S.Ed., L.R.F.P.S.Glas., late of Bromley Road, Catford, London, S.E., and Rondebosch, South Africa.

Any Questions?

Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which seem to be of general interest.

Mass Dental Extraction

Q.—How many teeth should be removed at a sitting when clearing a mouth for a plate? What are the special risks of removing large numbers at a time?

A.—The number of teeth which should be removed at a sitting depends upon several factors, of which the most important are the health of the patient, the local condition of the teeth and adjoining tissues, and the facilities for after-care of the patient.

The special risks of removing large numbers of teeth at one time arise from infection, haemorrhage, or shock. When infected teeth are removed organisms gain access into the blood stream, and the extent of the bacteraemia is related to the length of operation and the number of teeth removed. In a healthy individual the bacteria are usually quickly destroyed, but a damaged heart valve, and possibly other sites, may become infected. These dangers can be reduced by limiting the extent and duration of the operation and giving an adequate course of antibiotics both before and after it. Patients with an undue tendency to bleeding should usually have a blood examination. If admission to a hospital is found to be unnecessary extraction of teeth can then be carried out one or two at a time. The risk of infection and haemorrhage can also be greatly reduced by rendering the mouth as hygienic as possible before extraction, by means of scaling and mouth washes, and this should always be done in cases which are not urgent. If superficial infection has been dealt with in this way, six to eight teeth of medium difficulty would be a reasonable number to remove at one sitting for a normal individual who is returning home after a period of rest. More than this should not usually be extracted at one time unless the patient is treated as an in-patient.

A further risk of removing a large number of teeth at one sitting is that the throat pack may become saturated with blood and no longer protect the lungs from the inhalation of septic material.

Urine Alcohol Estimation

Q.—(1) Is an examination of the urine for alcohol a satisfactory alternative to a blood-alcohol estimation? How should the results be interpreted and what precautions are necessary to obtain a reliable reading? (2) Do any drugs, such as antihistamines, interfere with the estimation of alcohol in blood or urine?

A.—(1) Examination of the urine for alcohol is in every way as satisfactory as that of the blood, except for the fact that the blood-alcohol figure represents the exact figure at the time of taking, while the urine figure will represent a period earlier. This can be obviated by taking two samples of urine, the first on arrival at the police station and the second after an interval of time has elapsed. Ideally the best course is to take a specimen both of blood and of urine. The interpretation of the result is at the present moment limited to an indication of the minimum quantity of alcohol consumed and absorbed in terms of volumes of spirits, wines, or beers according to their strength. This is then presented in evidence together with the result of the clinical examination (which includes exclusion of the presence of disease which could simulate the effect of alcohol) and a report of behaviour. In the present state of knowledge it is unwise for the prosecution to express an opinion of effect based upon the blood and/or urine figures alone.